



NEBRASKA ADOLESCENTS . . . KEEPING THEM HEALTHY



NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Winter, 2004

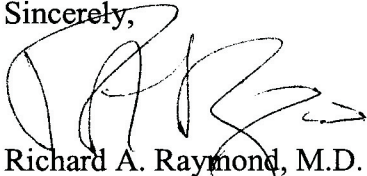
Dear Youth Advocates,

Raising adolescents is not for the faint of heart. Today's teens make decisions and develop health practices that will impact them as adults. Guiding them towards positive choices and keeping them healthy requires committed adults, creative approaches and coordinated programs that address real needs

This booklet, in part, describes the health education efforts taking place in Nebraska around six central teen health issues. A model for coordinated health programming is also included. It is hoped you will use this information as a resource and catalyst for collective action in addressing the health issues facing youth in your sphere of influence.

Adolescence provides us as youth advocates with a unique opportunity to impact the future health status of our state. To succeed at that task requires a concerted and coordinated partnership among our government agencies, families, schools, youth organizations, and communities. Thank you for your contributions and commitment to Nebraska's youth.

Sincerely,



Richard A. Raymond, M.D.

Chief Medical Officer

Nebraska Health and Human Services System

Where Are We and Where Do We Go From Here?

The most common causes of disability, disease and premature death result from our individual choices and behaviors. Behaviors, whether detrimental to health or promoting health are learned, often at an early age. Schools and parents play an important and unique role in providing environments where youth can learn and practice positive health behaviors. Nebraska's Health and Human Services System (NHHSS) works to support and enhance the efforts of schools and parents in order to facilitate optimal healthy outcomes for our youth.

In our work, NHHSS monitors the prevalence of health risk behaviors among Nebraska youth and measures progress toward achieving optimal healthy outcomes. Some of the measurement tools we use are surveys and vital statistic records. Information gathered is then used to target health education, risk reduction and prevention activities. The following Fact Sheets reflect the most recent results of two surveys given separately to youth and educators throughout the state: the Youth Risk Behavior Survey (YRBS) and the School Health Education Profile (SHEP).

These Fact Sheets are offered as a resource for future dialogue and action. They describe what's happening in Nebraska schools to promote the health of young people (Fact Sheet #2) and the actual behaviors occurring among our youth (Fact Sheets #4-9). Health practices of Nebraska adolescents are compared to adolescents nationwide (Fact Sheet #3) and a possible model for health programming is provided for consideration (Fact Sheet #10).

The Youth Risk Behavior Survey

In 1990, the Centers for Disease Control and Prevention (CDC) initiated a program of national and state surveys to provide careful estimates of the behaviors of high school students that directly affect their health. This survey, known as the Youth Risk Behavior Survey (YRBS) was completed in Nebraska in 1991, 1993, 1995, 1997, 1999, 2001, and 2003.

All Nebraska public schools are eligible to participate. In a random sample of schools, students in a random sample of 9th - 12th grade classes are asked to complete the YRBS. The survey asks about six categories of behaviors that are directly related to the principal causes of disability, disease, and death:

1. Behaviors that result in unintentional and intentional injuries
2. Tobacco use
3. Alcohol and other drug use
4. Sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies
5. Dietary behaviors
6. Physical activity

Results of the most recent YRBS are available at www.hhs.state.ne.us/srd/srdindex.htm or by calling (402) 471-2101 (Nebraska Health and Human Services System [NHHSS] - Office of Disease Prevention and Health Promotion).

The School Health Education Profile

In 1997, the Institute of Medicine (IOM) recommended that US schools require a one-semester health education course at the secondary school level. The Institute's report states that school health education could be one of the most effective means to reduce and prevent some of the nation's most serious health problems, including cardiovascular disease, cancer, motor vehicle crashes, homicide, and suicide.

Prior to the IOM Report and beginning in 1995, CDC worked with state education authorities to develop a survey of schools enrolling students in grades 6 -12 that described the school's health education and health promotion activities.

The first survey was conducted in 1996 and surveys are completed every two years. The survey asks principals and lead teachers in charge of health-related activities to complete two different surveys. The surveys ask

(continued) about health education, physical education, asthma management, school policies related to HIV infection and AIDS, tobacco use prevention, intentional injuries and violence, physical activity, food service, and family and community involvement in school health programs.

Results of the most recent School Health Education Profiles for Nebraska are available from Centers for Disease Control and Prevention at www.cdc.gov/HealthyYouth/profiles/

RESOURCES

Consolidated School Health

- Nebraska Health and Human Services System - School and Child Health (402) 471-0160
www.hhs.state.ne.us/ash/ashindex.htm
www.ashaweb.org
- Nebraska Department of Education
 - Health/Physical Education/Health Science (402) 471-4352
www.nde.state.ne.us/pehealth
 - HIV Prevention Education (402) 471-0940
www.nde.state.ne.us/health/dshealth.htm

Alcohol

- Nebraska Health and Human Services System - Substance Abuse Prevention Services (402) 479-5573
www.hhs.state.ne.us/sua/suaindex.htm
www.nebraskaprevention.gov
- Nebraska Department of Education - Safe and Drug Free Schools Program (402) 471-2488
www.nde.state.ne.us/sdfs/home.html
- Nebraska Department of Motor Vehicles - Office of Highway Safety (402) 471-2515
www.dmv.state.ne.us/highwaysafety

Nutrition & Physical Activity

- Nebraska Health and Human Services System - Cardiovascular Health Program (402) 471-2101
www.hhs.state.ne.us/cvh
www.nebrwesleyan.edu/groups/nahperd
www.actionforhealthykids.org
- Nebraska Department of Education
 - Nutrition Services (402) 471-3566
 - Health/Physical Education/Health Science (402) 471-4352

Sexual Behavior/STD's

- Nebraska Health and Human Services System
 - HIV/AIDS Program (402) 471-9098
www.hhs.state.ne.us/dpc/hiv.htm
 - Reproductive Health Program (402) 471-3980
www.hhs.state.ne.us/reh/rehindex.htm
 - Abstinence Education Program (402) 471-0538
 - Sexually Transmitted Disease Program (402) 471-2937
www.hhs.state.ne.us/std/stdindex.htm
- Nebraska Department of Education - HIV Prevention Education (402) 471-0940
www.nde.state.ne.us/health/dshealth.htm

Tobacco

- Nebraska Health and Human Services System - Tobacco Free Nebraska Program (402) 471-2101 or 800-745-9311
- Nebraska Department of Education - Safe and Drug Free Schools Program (402) 471-2448
- American Cancer Society (800) 642-8116
- American Lung Association (800) LUNGUSA
- Tobacco Free Nebraska Resource Directory
www.hhs.state.ne.us/tfn/tfnindex.htm
- Campaign for Tobacco-Free Kids
www.tobaccofreekids.org
- Centers for Disease Control and Prevention- Office on Smoking and Health
www.cdc.gov/tobacco

Violence/Injury

- Nebraska Health and Human Services System
 - Injury Prevention and Control Program (402) 471-2101
www.hhs.state.ne.us/hpe/injury.htm
 - Adolescent Health Program (402) 471-0538
- Nebraska Department of Education - Safe and Drug Free Schools (402) 471-2448
- Nebraska Department of Motor Vehicles - Office of Highway Safety (402) 471-2515

Miscellaneous/Other

www.nebhands.nebraska.edu
www.publichealthne.org

Every two years principals and lead health educators in a sample of public schools with grades 6-12 complete a questionnaire about their school's health program. This fact sheet summarizes the status of health education programs in Nebraska schools.

Health Education in Grade 6-12 Schools

NDE/NHHSS 2002 School Health Education Profile

Teaching

- 90% of Nebraska schools require **at least one** health education course. Of those:
 - ✿ 42% require one health course
 - ✿ 32% require two health courses
 - ✿ 14% require three health courses
 - ✿ 6% require four or more health courses
 - ✿ 7% do not require any health course
- Health is taught in all grades, but mostly in middle school/junior high school.

6th grade	55%	9th grade	68%
7th grade	66%	10th grade	39%
8th grade	66%	11th grade	6%
		12th grade	8%

Teachers

- Major emphasis in professional preparation of lead health educators:

✿ Health & PE combined	37%
✿ Physical education	21%
✿ Home economics or family and consumer science	12%
✿ Other education degree	11%
✿ Science	10%
✿ Nursing	3%
✿ Health education	2%
✿ Other	3%
- Teaching experience of lead health educators:

✿ One year	7%
✿ 2-5 years	28%
✿ 6-9 years	17%
✿ 10-14 years	13%
✿ 15 plus years	35%

Course Content

Student Skills Development

Percentage of teachers who tried to increase student skills in each of the following topics in a required health education course:

✿ Resisting peer pressure	96%
✿ Decision making	95%
✿ Goal setting	92%
✿ Stress management	90%
✿ Communication	86%
✿ Conflict resolution	85%

Student Knowledge Development

Percentage of teachers who tried to increase student knowledge in the following areas in a required health education course:

Area	%
Physical activity and fitness	99%
Tobacco use prevention	99%
Alcohol or other drug use prevention	98%
Nutrition and dietary behavior	97%
HIV (human immunodeficiency virus) prevention	95%
Emotional and mental health	92%
Personal hygiene	88%
STD (sexually transmitted disease) prevention	87%
Accident or injury prevention	85%
Growth and development	85%
Human sexuality	85%
Violence prevention	80%
Consumer health	74%
First aid	74%
Pregnancy prevention	73%
Environmental health	72%
Sun safety or skin cancer prevention	70%
Suicide prevention	67%

Teaching Methods

Percentage of teachers who use the following teaching methods in a required health course:

✿ Group discussions	99%
✿ Cooperative group activities	96%
✿ The Internet	81%
✿ Adult guest speakers	75%
✿ Role play, simulations, or practice	75%
✿ Computer-assisted instruction	59%
✿ Language, performing, or visual arts	52%
✿ Peer educators	50%
✿ Pledges or contracts for behavior change	41%

Teacher's Continuing Education

Percentage of lead health teachers who **received** and who **desired** staff development on specific topics.

Topic	Received	Desired
CPR	53%	50%
First aid	40%	50%
Violence prevention	40%	66%
Accident or injury prevention	35%	33%
Alcohol or other drug use prevention	35%	53%
Physical activity and fitness	33%	47%
Tobacco use prevention	29%	50%
HIV prevention	25%	47%
Nutrition and dietary behavior	23%	46%
Emotional and mental health	22%	49%
STD prevention	21%	46%
Human sexuality	20%	41%
Death and dying	19%	35%
Growth and development	19%	33%
Immunization and vaccinations	17%	31%
Suicide prevention	17%	58%
Pregnancy prevention	16%	39%
Environmental health	14%	33%
Personal hygiene	13%	26%
Consumer health	11%	31%
Dental and oral health	10%	23%
Sun safety or skin cancer prevention	10%	34%

Percentage of lead health teachers who **received** and who **desired** staff development on specific teaching methods.

Teaching Method	Received	Desired
Teaching skills for behavior change	41%	64%
Using interactive teaching methods such as role plays or cooperative group activities	41%	41%
Teaching students with physical or cognitive disabilities	38%	46%
Teaching students of various cultural backgrounds	37%	40%
Encouraging family or community involvement	31%	54%
Teaching students with limited English proficiency	15%	33%

What Can We Do?

- Encourage state and local Boards of Education to provide health education in the school curriculum.
- Increase the number of staff development opportunities on health education topics.
- Require schools to employ certified Health and Physical Education teachers.
- Encourage schools to develop a workplace wellness program for staff and students.

For More Information . . .

- Nebraska Health and Human Services System - School and Child Health (402) 471-0160
- Nebraska Department of Education - Health/Physical Education/Health Science (402) 471-4352
- Nebraska Department of Education - HIV Prevention Education (402) 471-0940

"School health education could be one of the most effective means to reduce and prevent some of the nations most serious health problems."

Institute of Medicine Report



How Are We Doing?

Nebraska and the National Initiative to Improve Adolescent Health (NIIAH) By the Year 2010

The “National Initiative” was created to elevate the national focus on the health and well-being of adolescents and young adults. Its goal is to comprehensively address the 21 Critical Health Objectives that represent the most serious health issues among young people. The Initiative was created to support collaborative action at community, State and National levels.

Grounded in Healthy People 2010, the following 21 Critical Objectives have been selected from among the 107 objectives identified in the 2010 document as essential for adolescents and young people ages 10 to 24.

21 Critical Adolescent Health Objectives

- | | |
|--|--|
| 1. ↓ Deaths | 13. ↓ Proportion of youth with disabilities who are sad unhappy or depressed |
| 2. ↓ Deaths caused by motor vehicle crashes | 14. ↑ Proportion of youth with mental health problems who receive treatment |
| 3. ↓ Alcohol-related motor vehicle deaths and injuries | 15. ↓ Teen pregnancy |
| 4. ↑ Safety belt use | 16. ↓ HIV infection |
| 5. ↓ Riding with a driver who has been drinking | 17. ↓ Chlamydia infection |
| 6. ↓ Suicide rate | 18. ↑ Abstinence from sexual intercourse or increase condom use if sexually active |
| 7. ↓ Suicide attempts | 19. ↓ Tobacco use |
| 8. ↓ Homicides | 20. ↓ At risk for overweight or overweight |
| 9. ↓ Physical fighting | 21. ↑ Vigorous physical activity |
| 10. ↓ Weapon carrying on school property | |
| 11. ↓ Binge drinking | |
| 12. ↓ Marijuana use | |



US/Nebraska Comparison

The goal of the National Initiative to Improve Adolescent Health by the Year 2010 is to attain 21 Critical Objectives for adolescents and to measure these objectives at the national and state level. Below is a comparison of the US 2010 and Nebraska 2010 target rates for some of the critical objectives (identified by “CO”) as well as additional US 2010 objectives of significance. Progress at the national and state level is given using 2003 YRBS data.

	US 2010 Objective	US 2003 Rate	NE 2010 Objective	NE 2003 Rate
TOBACCO				
Reduce the percentage of adolescents who used any form of tobacco in the past month (CO)	21%	28%	21%	31%
Reduce the percentage of adolescents who smoked cigarettes in the past month	16%	22%	15%	24%
Reduce the percentage of adolescents who chewed tobacco in the past month	1%	7%	8%	10%
Increase the percentage of adolescents who have attempted to quit smoking cigarettes	84%	54%	*	60%
UNINTENTIONAL INJURIES				
Increase the percentage of adolescents who sometimes, always, or most of the time use their safety belts (CO)	92%	82%	*	78%
Reduce the percentage of adolescents who rode with a drinking driver in the past month (CO)	30%	30%	30%	39%
Reduce the percentage of adolescents who drove an automobile after drinking during the past month	*	12%	10%	21%
VIOLENCE AND INJURIES				
Reduce the percentage of adolescents who were in a physical fight during the past year (CO)	32%	33%	25%	30%
Reduce the percentage of adolescents who carried a weapon on school property during the past 12 months (CO)	5%	6%	4%	5%
Reduce the percentage of adolescents who attempted suicide, during the past 12 months, requiring medical attention (CO)	1%	3%	1%	3%
PHYSICAL FITNESS				
Increase the percentage of adolescents who engage in moderate physical activity	35%	25%	35%	27%
Increase the percentage of adolescents who engage in vigorous physical activity (CO)	85%	63%	85%	65%
Increase the percentage of adolescents who participate daily in physical education	50%	28%	*	36%
SEXUAL BEHAVIOR				
Increase the percentage of adolescents who abstain from sexual intercourse or use condoms, if sexually active (CO)	95%	88%	98%	88%

* No objective developed

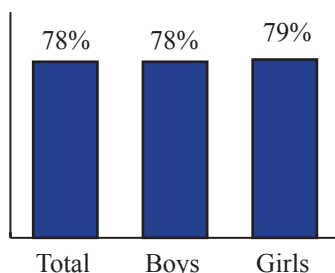
ALCOHOL

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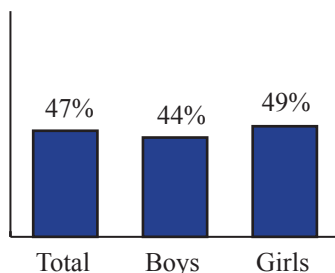
Who Is Drinking Alcohol?

NHHSS Grade 9-12 2003 Youth Risk Behavior Survey (YRBS)

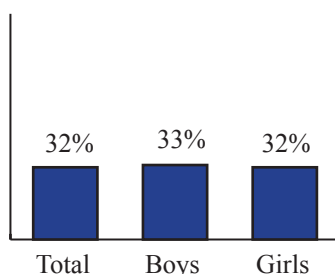
Percentage of students who have had at least one drink of alcohol during their lifetime



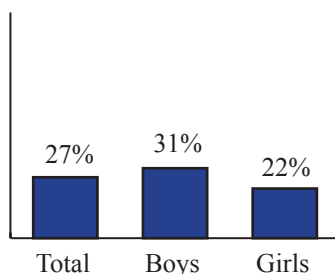
Percentage of students who have had at least one drink of alcohol during the past 30 days



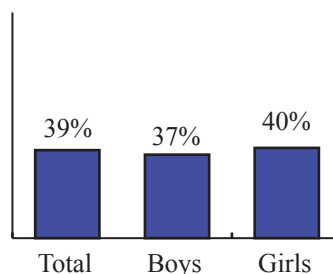
Percentage of students who engaged in heavy (binge) drinking during the past 30 days (5 + drinks in a row, within a couple of hours)



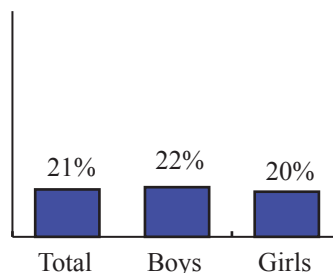
Percentage of students who had their first drink before the age of 13



Percentage of students who rode in a car or other vehicle with someone who had been drinking alcohol during the past 30 days



Percentage of students who drove a car or other motor vehicle after drinking alcohol during the past 30 days



Importance of the Issue—Consequences of Alcohol Use

- Approximately 30% of all motor vehicle crashes that result in injury involved alcohol.
- Motor vehicle crashes are the leading cause of death among youths aged 15-19.
- Heavy drinking is associated with increased number of sexual partners, use of marijuana and poor academic performance.

Other Information

A risk and protective factor survey, designed to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors, was administered in 2003 to 2,897 Nebraska students in grades 6, 8, 10 and 12. Further information, along with full results of the survey can be located at: www.nebraskaprevention.gov

What's Happening in Nebraska Schools?

NDE/NHHSS 2002 School Health Education Profile
(6-12 Grade Public Schools)

Unfortunately there is little data available describing what schools are doing about alcohol, either in their educational programs or in their policies. Despite the fact that alcohol use is a major contributing cause of death among young people, schools are much more likely to report activities related to tobacco, violence, nutrition, and asthma than alcohol. Often alcohol and other drug-related activities are combined, making it difficult to separate alcohol-related activities and policies.

Teaching

- 98% of the schools report they try to increase student knowledge on alcohol and other drugs in their required health education course.

Teachers

- During the past two years, 35% of the lead health education teachers **have participated** in staff development activities about alcohol and other drugs.
- 53% of the lead health teachers **would like to participate** in staff development activities about alcohol and other drugs.

What Can We Do?

- Encourage law enforcement officials to enforce the laws related to alcohol sales and driving under the influence of alcohol.
- Families should set standards for alcohol use and state clear consequences for illegal use.
- Community leaders should ensure that alcohol promotions and sponsorships reflect community values and state laws.
- Encourage others to recognize that alcohol is a major contributing cause of death among Nebraska teenagers.

National Objectives

By 2010 . . .

Increase to 29% the proportion of students in grades 9-12 who have never used alcohol.

- ◆ In Nebraska, 22% of students in grades 9-12 have never used alcohol (2003 YRBS).

Reduce to 30% the proportion of students in grades 9-12 who report they rode with a drinking driver during the previous 30 days.

- ◆ In Nebraska, 39% of students in grades 9-12 rode with a drinking driver during the previous 30 days (2003 YRBS).

Reduce to 3% the proportion of adolescents who engaged in binge drinking in the last 30 days.

- ◆ In Nebraska, 32% of students in grades 9-12 engaged in binge drinking during the previous 30 days (2003 YRBS).

Increase the age of first use of alcohol to 16 years.

- ◆ Comparable data are not available, but in Nebraska, 27% of students in grades 9-12 had their first drink of alcohol, other than a few sips, before age 13. (2003 YRBS).

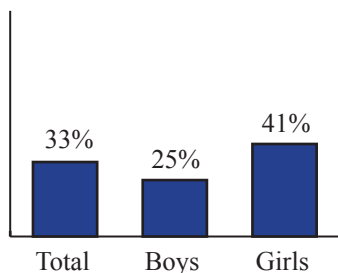
For More Information . . .

- Nebraska Health and Human Services System - Substance Abuse Prevention Services (402) 479-5573
- Nebraska Department of Education - Safe and Drug Free Schools Program (402) 471-2488
- Nebraska Department of Motor Vehicles - Office of Highway Safety (402) 471-2515

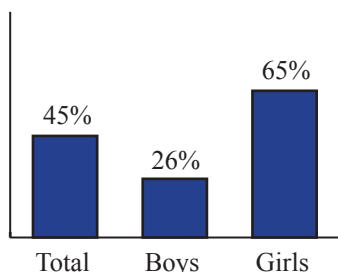
Who's Overweight?

NHHSS Grade 9-12 2003 Youth Risk Behavior Survey (YRBS)

Percentage of students who describe themselves as slightly or very overweight

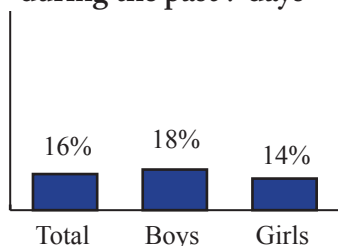


Percentage of students trying to lose weight

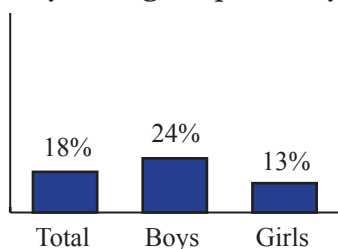


What Are Kids Eating?

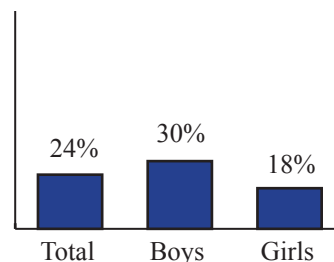
Percentage of students who ate 5 or more servings of fruits and vegetables per day during the past 7 days



Percentage of students who drank 3 or more glasses of milk per day during the past 7 days



Percentage of students who drank 32 or more ounces of soda per day during the past 7 days



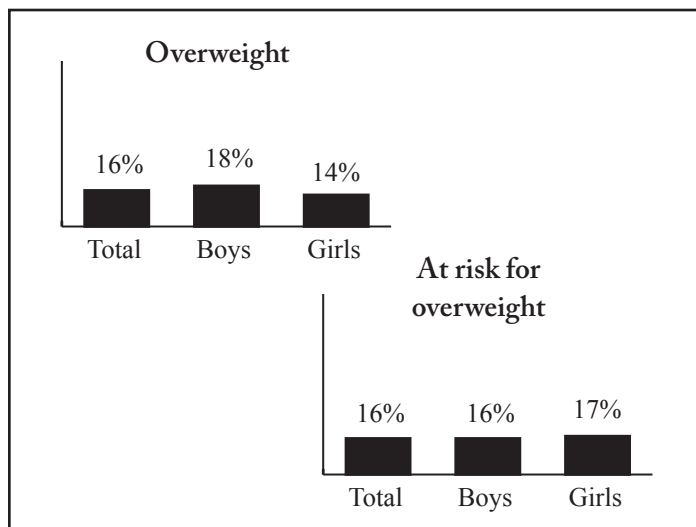
How Students Manage Weight

- Among the 45% of Nebraska high school students trying to lose weight, two in every three (67%) used the recommended weight loss methods of both diet and exercise to lose weight during the past 30 days.
- However, 34% of all students that are trying to lose weight used one or more of those high-risk weight loss methods during the past 30 days: fasted for 24 hours or more, took diet pills or supplements without doctors advice or vomited or used laxatives.

Importance of the Issue

NHHSS Cardiovascular Health Program

A body mass index (BMI), based on age, gender, height, and weight determines whether a student is either overweight or at risk for overweight.



Nutrition in Schools

NDE/NHHSS 2002 School Health Education Profile
(6-12 Grade Public Schools)

Teaching

Teachers taught the following in a required health education course:

✿ Benefits of healthy eating	93%
✿ The Food Guide Pyramid	84%
✿ Choosing a variety of fruits and vegetables	82%
✿ Choosing a variety of grains/whole grains	81%
✿ Using food labels	79%
✿ Choosing and preparing food with less salt	72%
✿ Keeping food safe to eat	72%

Environment

- Foods in schools with vending machines/canteens/snack bars:

✿ Soft drinks/juice/sport drinks	97%
✿ Bottled water	85%
✿ 100% fruit juice	79%
✿ Non-chocolate candy	60%
✿ Chocolate candy	59%
✿ Salty snacks (not low fat)	58%
✿ Salty snacks (low fat)	57%
✿ Low fat baked goods	49%
✿ Fruits and vegetables	23%
- 4% of schools have a policy to offer fruits or vegetables at school functions.
- 72% of schools allow students to purchase snack foods or beverages before school; 52% during school hours when meals are not being served; and 28% allow snack food purchases during the lunch period.

Teachers

- During the past two years, 23% of lead health education teachers **participated** in a staff development activity about nutrition and dietary behavior.
- 46% **would like** staff development activities about nutrition and dietary behavior.

National Objectives

By 2010 . . .

Increase to 75% the proportion of persons who consume at least two servings of fruit daily.

- ◆ In Nebraska, 14% of students in grades 9-12 ate fruit two or more times daily (2003 YRBS).

Increase to 50% the proportion of persons who consume at least three servings of vegetables daily.

- ◆ In Nebraska, 10% of students in grades 9-12 ate green salad once or more daily; 7% ate carrots once or more daily; and 21% ate other vegetables once or more daily (2003 YRBS).

Reduce the proportion of adolescents who are overweight or obese to 5%

In Nebraska . . .

- ◆ 1 in every 3 students (33%) in grades K-12 is either at risk for overweight or overweight. (NHHSS Cardiovascular Health Program, 2003)

What Can We Do?

- Improve the quality of a la carte and competitive foods and beverages sold within school lunchrooms and vending machines.
- Adopt policies requiring that healthy food alternatives (such as fruits and vegetables) be available at school-related functions.
- Increase the number of schools with a school breakfast program.

For More Information . . .

- Nebraska Health and Human Services System - Cardiovascular Health Program (402) 471-2101
- Nebraska Department of Education - Nutrition Services (402) 471-3566

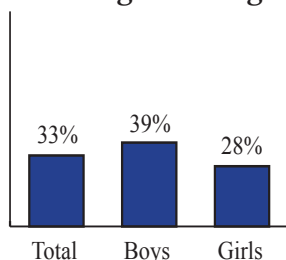
PHYSICAL ACTIVITY

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

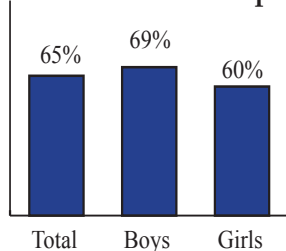
Who's Active in Nebraska Schools?

NHHSS Grade 9-12 2003 Youth Risk Behavior Survey (YRBS)

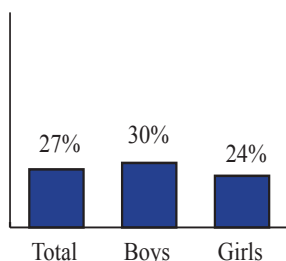
Percentage of students attending PE class daily and exercising for more than 20 minutes during an average PE class



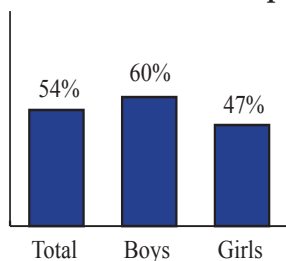
Percentage of students who engage in vigorous physical activity for at least 20 minutes on 3 or more of the past 7 days



Percentage of students who engage in moderate physical activity for at least 30 or more minutes on 5 or more of the past 7 days



Percentage of students who did strengthening exercises on at least 3 of the past 7 days



What's Happening in Nebraska Schools?

NDE/NHHSS 2002 School Health Education Profile (6-12 Grade Public Schools)

Teaching

- 77% combine required health classes with physical education.
- 42% provide opportunities for students to participate in intramural activities or physical activity clubs.
- 31% of the principals in grades 6-12 schools admit that physical activity, like running laps and push-ups, is used as punishment for bad behavior in physical education classes.
- 99% of the principals in grade 6-12 schools indicate that physical education is a required course; 10% allow an exception to this requirement.
- 65% require students who fail physical education to repeat the course (schools that require PE for students).
- 8% allow faculty to make students miss all or part of a physical education class as punishment for bad behavior in another class.

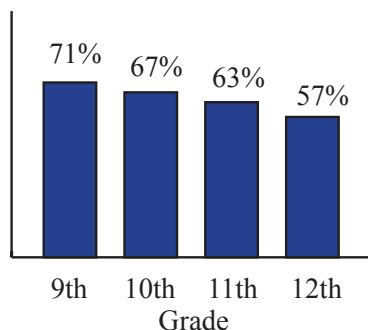
Teachers

- 93% require that a newly hired physical education teacher or specialist be certified, licensed, or endorsed by the state in physical education.
- In the past two years, 19% of lead health education teachers **participated** in a staff development activity dealing with growth and development; 33% in an activity dealing with physical activity or fitness.
- 33% of the health education teachers **would like to participate** in staff development dealing with growth and development; 47% **would like** staff development dealing with physical activity or fitness.

Vigorous Physical Activity

NHHSS Grade 9-12 2003 Youth Risk Behavior Survey (YRBS)

Percentage who participated in vigorous physical activity for at least 20 minutes on three or more of the past seven days



Electronic Entertainment—A Major Barrier to Physical Activity

NHHSS Grade 9-12 2003 Youth Risk Behavior Survey (YRBS)

- 75% of Nebraska high school students spend two or more hours during an average school day watching television, playing video games, or using the computer (excluding homework), while 28% spend five or more hours daily.
- During an average school day, students spend approximately one hour and 45 minutes watching TV, one hour and 15 minutes using the computer, and approximately 30 minutes playing video games on a video game system.

What Can We Do?

- Model and support participation in enjoyable physical activity.
- Encourage school programs to provide quality daily physical education, health education, recess, and extra curricular activities that help students develop the knowledge, attitudes, skills, behaviors, and confidence to adopt and maintain physically active lifestyles.
- Create a structural environment that makes it easy and safe for young people to walk, ride bicycles, and use close-to-home physical activity facilities.

National Objectives

By 2010 . . .

Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes, five days a week, to 35%.

◆ Nebraska 2003 YRBS 27%

Increase the proportion of adolescents who engage in vigorous physical activity for at least 20 minutes, three days a week, to 85%.

◆ Nebraska 2003 YRBS 65%

Increase the proportion of adolescents who participate in daily physical education to 50%.

◆ Nebraska 2003 YRBS 36%

Increase the proportion of adolescents who watch TV for two or fewer hours to 75%

◆ Nebraska 2003 YRBS 72%

Importance of the Issue

- Participation in regular physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle, and reduce fat. It also reduces feelings of depression and anxiety and promotes psychological well being.
- Over time, regular physical activity decreases the risk of premature death, heart disease, diabetes, colon cancer and high blood pressure.

For More Information . . .

- Nebraska Health and Human Services System - Cardiovascular Health Program (402) 471-2101
- Nebraska Department of Education - Health/Physical Education/Health Science (402) 471-4352

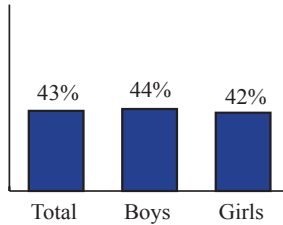
SEXUAL BEHAVIOR/STD's

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

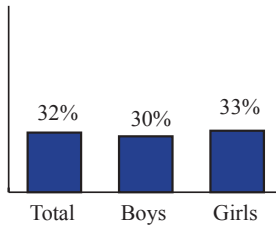
Who's Sexually Active?

NHHSS Grade 9-12 2003 Youth Risk Behavior Survey (YRBS)

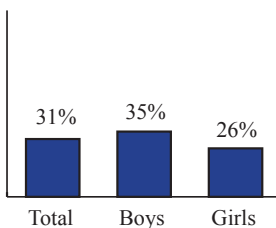
Percentage of students who have ever had sexual intercourse



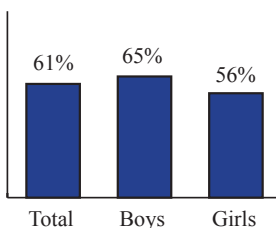
Percentage of students who have had sexual intercourse in the past 3 months



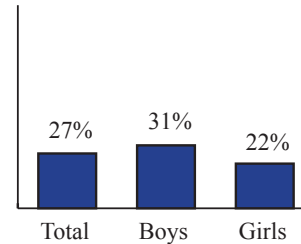
Of the students who had sexual intercourse in the past 3 months, the percentage who drank alcohol or used drugs before their last intercourse



Of the students who had intercourse in the last 3 months, the percentage who used a condom at last intercourse



Percentage of students who ever had sexual intercourse, but have not had sexual intercourse during the past 3 months



Importance of the Issue

- Despite recent declines, the US has one of the highest teen pregnancy rates in the developed world.
- Age of first intercourse and the number of sexual partners is directly related to unintended pregnancy and sexually transmitted diseases.
- Nationally, gonorrhea rates are highest among females aged 15-19.
- For young teens, the greater the age difference between partners, the more likely the relationship will include sexual intercourse.

Condom Use

Condom use **does not eliminate** the risk of being infected with HIV/AIDS or any other sexually transmitted disease. When used consistently and correctly, condoms can reduce the risk of spreading sexually transmitted diseases (STD's). Abstinence is the only certain way to eliminate the risk of AIDS, STD's and unintended pregnancy.

What's Happening in Nebraska Schools?

NDE/NHHSS 2002 School Health Education Profile
(6-12 Grade Public Schools)

Teaching

Curriculum content of schools having a required health course:

✿ Abstinence is the best way to prevent HIV	87%
✿ How HIV is transmitted	88%
✿ How HIV affects the body	86%
✿ Influence of alcohol and drugs on HIV-related risk behavior	81%
✿ How to get valid information on HIV and HIV testing	64%
✿ How to correctly use a condom	22%

Teachers

In the past two years health education teachers **have received** staff development on the following topics:

✿ HIV Prevention	25%
✿ STD's	21%
✿ Human Sexuality	20%
✿ Pregnancy Prevention	16%

Health education teachers **would like to receive** staff development on the following topics:

✿ HIV Prevention	47%
✿ STD's	46%
✿ Human Sexuality	41%
✿ Pregnancy Prevention	39%

National Objectives

By 2010 . . .

Increase the proportion of adolescents who abstain from sexual intercourse, or use condoms if currently sexually active, to 95%

- ◆ In Nebraska, 88% of students in grades 9-12 abstain from sexual intercourse, haven't had sex in the last three months, or used a condom the last time they had sexual intercourse (2003 YRBS).

What Can We Do?

- Work to increase the number of schools that provide sexuality education.
- Set clear expectations for adolescents, talk early and often with children and adolescents, and supervise and monitor the children and adolescents.
- Strongly encourage teens, especially young teens, to delay sexual activity.
- Encourage younger teens to spend time with same-age peers (both genders) in supervised settings and discourage single-couple dating, especially with partners who are three or more years older.

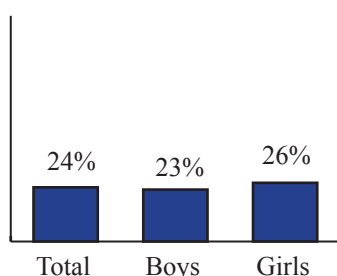
For More Information

- Nebraska Health and Human Services System –
HIV/AIDS Program (402) 471-9098
Reproductive Health Program (402) 471-3980
Abstinence Education Program (402) 471-0538
Sexually Transmitted Disease Program (402) 471-2937
- Nebraska Department of Education -
HIV Prevention Education (402) 471-0940

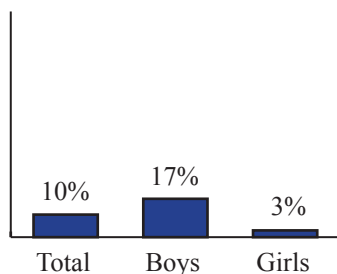
Who is Smoking and Chewing Tobacco?

NHHSS Grade 9-12 2003 Youth Risk Behavior Survey (YRBS)

Percentage of students who smoked cigarettes on one or more of the past 30 days



Percentage of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days



Consequences of Tobacco Use

Source: www.cdc.gov/tobacco/statehi/html_2002/nebraska.htm

Premature Death

- All tobacco-related deaths are preventable. Yet each year over 2,400 deaths occur in Nebraska due to smoking-related causes. An unknown number of deaths result from chewing tobacco.

Health Care Costs

- Cigarette smoking is responsible for 7% (\$419 million) of Nebraska's annual health care costs.

What's Happening in Nebraska's Schools?

NDE/NHHSS 2002 School Health Education Profile (6-12 Grade Public Schools)

Teaching

- Of the schools that have a required health class, 99% teach about tobacco issues.
- Between grades 6 and 12, 42% of the students are required to take one health class; 32% two classes; and 20% three or more classes.

Teachers

- During the past two years, 29% of the lead health teachers **participated** in a staff development activity about tobacco use prevention.
- 50% of the lead health teachers **would like** a staff development experience about tobacco use prevention.
- Tobacco use is a learned behavior. During the past two years, 41% of the lead health teachers **participated** in a staff development activity about teaching skills for behavior change.
- 64% of the lead health teachers **would like** a staff development activity about teaching how to change behaviors.

Teaching by Example

- 100% of schools prohibit tobacco use by students during school hours, but only 83% during non school hours.
- 85% of Nebraska's schools prohibit tobacco use by faculty and staff during school hours.

(continued)

Places Tobacco Use Is Prohibited

<u>Location</u>	<u>Students</u>	<u>Faculty/ Staff</u>	<u>Visitors</u>
In school building	100%	96%	95%
On school grounds	100%	70%	54%

School Policy

- 21% of the reporting schools always/almost always encourage students caught smoking cigarettes to participate in a tobacco cessation program; 4% require it.
- 12% of schools provide referrals to a tobacco cessation program for faculty and staff, and 31% provide referrals for students.
- 28% of schools always/almost always require suspension for a student caught smoking cigarettes; 35% require in-school suspension.
- 93% of schools prohibit tobacco advertising in school buildings; 92% on school grounds, on buses, and in school publications.
- 98% of schools prohibit students from wearing tobacco name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters.
- 51% post signs marking them as a “smoke free zone.”

For More Information . . .

- Nebraska Health and Human Services System – Tobacco Free Nebraska Program (402) 471-2101 or 800-745-9311
- Nebraska Department of Education - Safe and Drug Free Schools Program (402) 471-2448
- American Cancer Society (800) 642-8116
- American Lung Association (800) LUNGUSA
- Tobacco Free Nebraska Resource Directory www.hhs.state.ne.us/tfn/tfnindex.htm
- Campaign for Tobacco-Free Kids www.tobaccofreekids.org
- Centers for Disease Control and Prevention—Office on Smoking and Health www.cdc.gov/tobacco

National Objectives

By 2010 . . .

Reduce tobacco use by adolescents in grades 9–12 to 21%.

- ◆ In Nebraska, 31% of students in grades 9–12 used some type of tobacco during the past 30 days (2003 YRBS).

Reduce use of cigarettes to 16%.

- ◆ In Nebraska, 24% of students in grades 9–12 smoked cigarettes one or more of the past 30 days (2003 YRBS).

Increase the percentage of students attempting to quit smoking to 84%.

- ◆ In Nebraska, 60% of students who are current smokers attempted to quit smoking in the past year (2003 YRBS).

What Can We Do?

- Ensure your school has implemented and enforces its policies.
- Tell your children you do not want them to use tobacco. Even if you smoke or chew, you can still be effective in discouraging them from using.
- Encourage your local health department to support and enforce no tobacco policies.
- Join your local tobacco prevention coalition—call (800) 745-9311 for information.

Steps to Reducing Tobacco-Related Death and Disability

- Prevent the initiation of tobacco use by young people.
- Promote quitting among young people and adults.
- Eliminate non-smokers’ exposure to secondhand smoke (SHS).

VIOLENCE & INJURIES

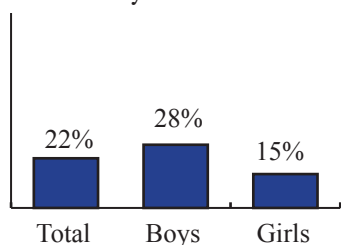


NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

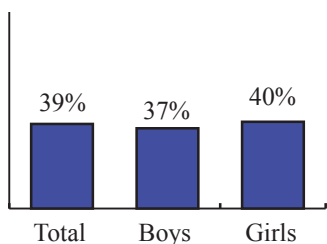
How Are Young People Affected By Intentional and Unintentional Injuries?

NHHSS Grade 9-12 2003 Youth Risk Behavior Survey (YRBS)

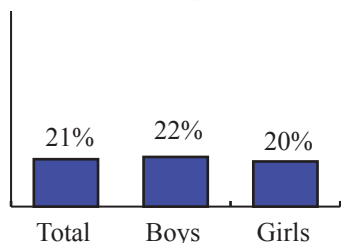
Percentage of students who rarely or never wear a safety belt when riding in a car driven by someone else



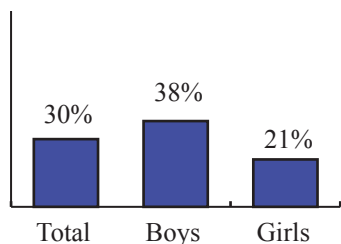
Percentage of students who rode in a car or other vehicle with someone who had been drinking alcohol during the past 30 days



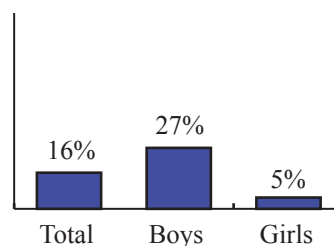
Percentage of students who drove a car or other motor vehicle after drinking alcohol during the past 30 days



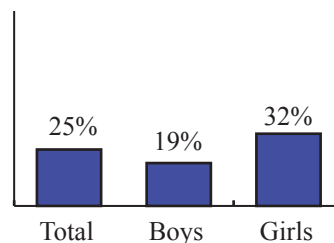
Percentage of students who were in a physical fight during the past 12 months



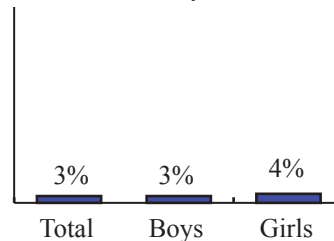
Percentage of students who carried a gun, club, or knife during the past 30 days



Percentage of students who felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months



Percentage of students who attempted suicide during the past 12 months, requiring them to be treated by a doctor or nurse



Importance of the Issue

- During 2001 in Nebraska, motor vehicle injuries killed more young people aged 15-19 than any other single cause.
- Among young people aged 15-19 in Nebraska in 2001, suicide was the second cause of death, and homicide was the fourth cause of death.
- Fighting, harassment and thefts on school property create an atmosphere counter-productive to learning.

What's Happening in Nebraska Schools?

NDE/NHHSS 2002 School Health Education Profile
(Grade 6-12 Public Schools)

Teaching

- Of the schools with a required health course, 67% attempted to increase student knowledge about suicide prevention.
- 80% of schools with a required health course attempted to increase student knowledge about violence prevention.

Teachers

- In the past two years, 17% of the lead health teachers **participated** in a staff development activity on suicide prevention.
- 58% of the lead health teachers **would like** a staff development experience on suicide prevention.
- In the past two years, 40% of the lead health teachers **participated** in a staff development activity on violence prevention.
- 66% of the lead health teachers **would like** a staff development experience on violence prevention.

What Can We Do?

- Ensure access to confidential professional mental health services for all teens.
- Encourage parental involvement in schools. When parents are involved in schools, violent and antisocial behavior decreases.
- Limit unsupervised teenage passengers in automobiles. Teens driving alone are safer than in groups. The more teen passengers, the greater the risk.

National Objectives

By 2010 . . .

Increase safety belt use to 92%.

- ◆ In Nebraska, 30% of students in grades 9-12 reported **always** using their safety belts; 26% used them **most of the time**; and 22% used them **sometimes**. (2003 YRBS).

Reduce weapon carrying on school property to 6%.

- ◆ In Nebraska, 5% of students in grades 9-12 reported having carried a weapon on school property one or more days during the past 30 days (2003 YRBS).

Reduce physical fights to 32%.

- ◆ In Nebraska, 30% of students in grades 9-12 reported being in a physical fight during the past 12 months (2003 YRBS).

Reduce the rate of suicide attempts in the last 12 months to 1%.

- ◆ In Nebraska, 3% of students in grades 9-12 reported a suicide attempt requiring medical attention during the past 12 months (2003 YRBS).

For More Information . . .

- Nebraska Health and Human Services System – Injury Prevention and Control Program (402) 471-2101
- Nebraska Health and Human Services System – Adolescent Health Program (402) 471-0538
- Nebraska Department of Education – Safe and Drug Free Schools (402) 471-2448
- Nebraska Department of Motor Vehicles – Office of Highway Safety (402) 471-2515

COORDINATED SCHOOL HEALTH PROGRAMS

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

A Model For Progress

A coordinated school health program (CSHP) consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools provide a central facility in which many agencies might work together to maintain the well-being of young people.

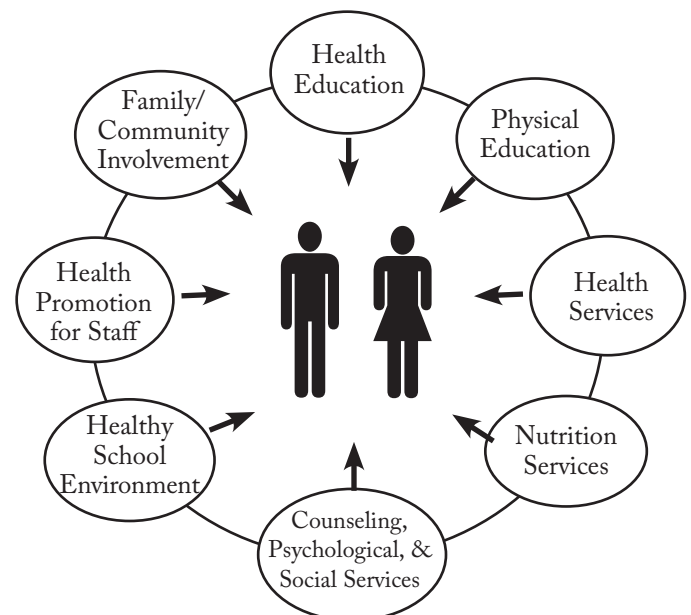
Schools have opportunities to promote students health in eight areas. Each of these eight areas makes a significant contribution to the health and the educational success of students.

1. **Health Education** provides students with the knowledge, attitudes and skills they need to avoid or modify behaviors that increase the risks of disability and premature death.
2. **Physical Education** provides students with knowledge, attitudes, skills, behaviors and confidence to maintain a physically active lifestyle.
3. **Health Services** provide care and preventive medical assistance to students who might otherwise not have access to care or preventive services.
4. **Nutrition Services** promote healthy dietary behavior, ensuring appropriate nutritional intake to promote optimal health, growth, and intellectual development.
5. **Counseling, Psychological and Social Services** help young people cope with the challenges of physical, psychological and social development overcoming uncertainties and developing realistic goals for the future.
6. **Healthy School Environment** creates a safe and positive physical and psychological environment reducing the risks of injury, academic failure,

substance abuse, and violence. At the same time, the school environment promotes health-enhancing activities and supports classroom teaching activities. For example, instruction about alcohol and drugs is supported by the schools designation as a drug-free zone and nutrition education is reflected in the choices in the school's cafeteria and vending machines.

7. **Health Promotion for Staff** insures that everyone in the school has the opportunity for good health. If faculty and school staff have access to health screenings, employee assistance programs, and health promotion programs, they model good health to their students and can perform at optimal levels.
8. **Family and Community Involvement** provides family members with an opportunity to become more knowledgeable about health issues and enables them to be positive role models for their children and reinforce the school's teachings.

The components of the Coordinated School Health Program and their impact on students and staff is illustrated in this diagram.



Source: <http://apps.nccd.cdc.gov/shi/healthyyouth/instructions.htm>



Health Is a Priority for Educational Success

It is clearly recognized that poor health interferes with learning—it increases absenteeism and reduces the ability to concentrate in the classroom.

At the same time, it is also recognized that education is the best predictor of good health and longevity.

Therefore, it is clear that schools that value and promote education need to attend to the health promotion of their students. Research supports this conclusion.

- Schools with higher percentages of students who did not routinely engage in healthy eating and physical activity showed smaller subsequent gains in test scores than schools with a higher percentage of students who were physically active and engaged in healthy eating.
- Schools with higher percentages of students who reported alcohol use and the use of other drugs exhibited smaller gains in test scores than other schools. This conclusion was noted in both high performing and low performing schools.
- Schools that reported higher levels of theft and vandalism and lower proportions of students who felt safe at school showed smaller gains in test scores than other schools.
- Schools whose students reported their school environment reflected a caring attitude, high academic expectations, and an opportunity to be involved in meaningful activities showed greater gains in test scores than other schools.

Coordination Is the Key

- Curriculum coordination highlighting health topics in all subject areas contributes to the effectiveness of health education.
- School policies that support and reflect the principles taught in classes increases the effectiveness of the instructional programs.
- Coordinating school health promotion activities with community health promotion activities increases their effectiveness.
- Expanding the role of the school nurse and coordinating health service activities and mental health and social services with the academic programs of the school increases the success of each.

What Can We Do?

- Encourage schools to form community-school health advisory councils.
- Encourage schools to use the School Health Index to assess the health practices and health barriers in their schools.
www.cdc.gov/healthyyouth/index.htm
- Encourage schools to participate in state/national Action for Healthy Kids.
www.actionforhealthykids.org

For More Information . . .

- Nebraska Health and Human Services System - School and Child Health (402) 471-0160
- Nebraska Department of Education - Health/Physical Education/Health Science (402) 471-4352
- Nebraska Department of Education - HIV Prevention Education (402) 471-0940

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This project was initiated and produced by:

Nebraska Adolescent Health Program
Linda Henningsen, Adolescent Health Coordinator
Department of Health & Human Services
Office of Family Health
301 Centennial Mall South
Lincoln, NE 68509
(402) 471-0538
linda.henningsen@hhss.ne.gov



Nebraska Health and Human Services
301 Centennial Mall South
P.O. Box 95044
Lincoln, NE 68509-5044

ADA/EOE/AA

